

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566139

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
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42		1		1		1
43		1		1		1
44		1		1		1
45		1		1		1
46		1		1		1
47		1		1		1
48		1		1		1
49		1		1		1
50		1		1		1
TOTAL IND.	3		3			
TOTAL DEP.	50		24			
TOTAL CLAIMS	53		27			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.					3	
TOTAL CLAIMS					39	